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Nevada Bar No. 7606  
2 KATHLEEN BLISS LAW GROUP, PLLC  
THE FEDERAL DEFENDERS LAW GROUP, LLC  
3 4240 West Flamingo Road  
Suite 220  
4 Las Vegas, Nevada 89103  
Tel. 702.366.1888  
5  
6 Attorney for defendant Sherrill Banks  
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8 UNITED STATES DISTRICT COURT  
9 DISTRICT OF NEVADA  
10

11 UNITED STATES OF AMERICA,  
12 Plaintiff,  
13 vs.  
14 SHERILL BANKS,  
15 Defendant.  
16

CASE NO. 2:12-cr-00208-RFB-PAL  
**DEFENDANT'S MOTION TO CONTINUE  
VOLUNTARY SURRENDER DATE OF  
JANUARY 8, 2016**

17  
18 Defendant Sherrill Banks ("defendant"), by and through her attorney of record,  
19 Kathleen Bliss, Esq., submits this request for a continuance of defendant's voluntary  
20 surrender date now set on January 8, 2016, for the following medical reasons.

- 21 1. On October 5, 2015, this Court sentenced defendant to a term of 48 months  
22 imprisonment, with a surrender date of January 8, 2016.  
23  
24 2. However, since that time, defendant had knee surgery on November 16,  
25 2015. See Pain Medication Notice and images attached as Exhibit A.  
26 3. During the course of treatment for this procedure (knee scope), defendant  
27 sought medical attention related to extreme foot pain. She was examined by  
28

1 Dr. Peter Bregman and diagnosed with a bunion condition and flat feet, which  
2 require surgical intervention. See letter from Dr. Bregman, attached as  
3 Exhibit B. Dr. Bregman will insert implants in defendant's feet to correct the  
4 condition with which defendant suffers. *Id.*

5 4. According to Dr. Bregman, post surgical recovery will require defendant to use  
6 a wheelchair. *Id.*; see also work-up sheets from Dr. Bregman, attached as  
7 Exhibit C. Recovery lasts up to four months, but a patient can be discharged  
8 in three months. Exhibit C.

9  
10 5. Counsel for defendant is unaware of comparable procedures performed by  
11 the Federal Bureau of Prisons. Even if such procedures exist, defendant,  
12 through her insurance coverage, is shouldering her own expenses and will  
13 rely on family members to assist her in her recovery.

14 6. Given the necessity of the surgeries to alleviate extreme pain and correct a  
15 condition that will not heal itself, coupled with no cost to the government,  
16 defendant urges the Court to allow her a continuance of her surrender date of  
17 at least three months.

18  
19 7. Defendant's surgery is set for December 29, 2015. As such, defendant  
20 requests expedited relief.

21 ///

22 ///

23 ///

1 8. The government has no opposition to this motion.

2 9. A proposed order is submitted herewith.

3  
4 DATED this 21<sup>st</sup> day of December 2015.

5 Respectfully submitted,

6  
7 By: /s/ Kathleen Bliss

8 Kathleen Bliss

9 Nevada Bar No. 7606

The Federal Defenders Law Group, LLC

10 Attorney for defendant Sherrill Banks  
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1  
2 UNITED STATES DISTRICT COURT  
3 DISTRICT OF NEVADA

4 UNITED STATES OF AMERICA,  
5  
6 Plaintiff,

7 vs.

8 SHERILL BANKS,  
9 Defendant.

CASE NO. 2:12-cr-00208-RFB-PAL  
ORDER

10  
11 IT IS HEREBY ORDERED that the defendant's surrender date shall be continued  
12 based upon the defendant's motion and the government's non-opposition to the motion.

13 The defendant's new surrender date is 7th day of April 2016.

14  
15 IT IS FURTHER ORDERED that this Order shall be served on the United States  
16 Marshall Service by the defendant.

17 Dated this 5th day of January 2016.

18  
19 

20 RICHARD F. BOULWARE, II  
21 United States District Judge  
22  
23  
24  
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28

**CERTIFICATE OF SERVICE**

In accordance with Rule 49(c) of the Federal Rules of Criminal Procedure and Rule 47-11 of the Local Rules of Practice for the United States District Court for the District of Nevada, I certify that I am an employee of THE FEDERAL DEFENDERS LAW GROUP, LLC, and that on this 21<sup>st</sup> day of December, 2015, I did cause a true and correct copy of:

**DEFENDANT'S MOTION TO CONTINUE VOLUNTARY SURRENDER DATE OF  
JANUARY 8, 2016**

To be served via electronic mail to:

Christina M. Brown, AUSA  
[Christina.brown@usdoj.gov](mailto:Christina.brown@usdoj.gov)

By: /s/ Krystle Platero

An employee of  
THE FEDERAL DEFENDERS LAW GROUP, LLC

EXHIBIT A

EXHIBIT A

# CROVETTI ORTHOPAEDICS & SPORTS MEDICINE

Frederick Balduini, M.D.  
Board Certified  
Reconstructive Surgeon  
Elbow, Knee, & Shoulder  
Sports Medicine

12-18-68

## Pain Medication Notice

Surgery Date: 11/14/15

Type of Surgery and/or Diagnosis Code: (C) Knee scope Dx: M94.262

Name of Medication Prescribed: Norco 7.5/325mg

My patient, Maddox, Sherill, had surgery at the Coronado Surgery Center or St. Rose Siena Hospital. I prescribed pain medication to manage post-surgical pain. Please allow the prescription to be filled as written. If you have any questions concerning the medication, please do not hesitate to call my office at 702-990-2290. Thank you.

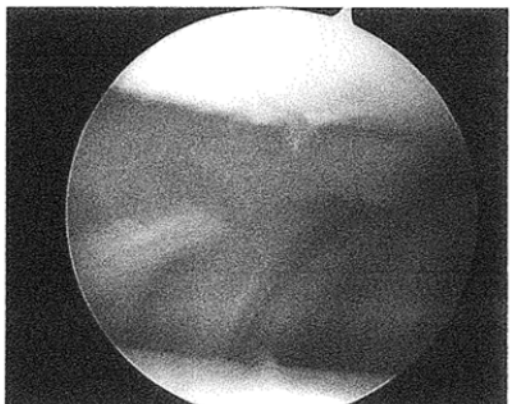
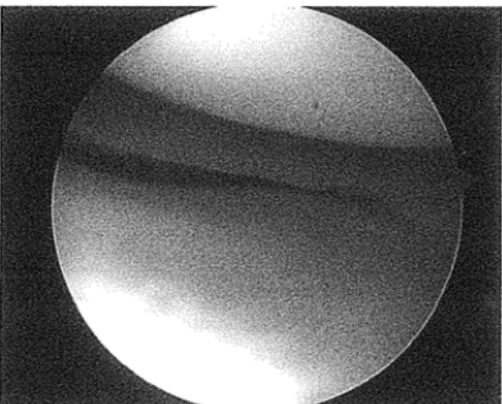
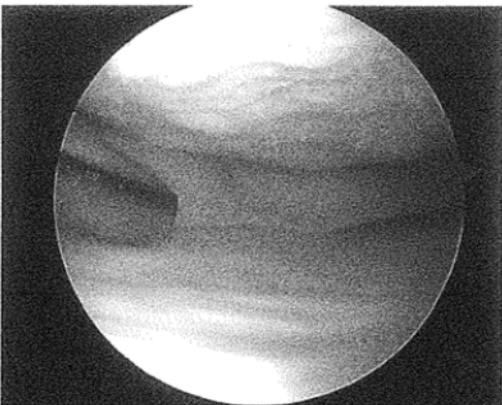
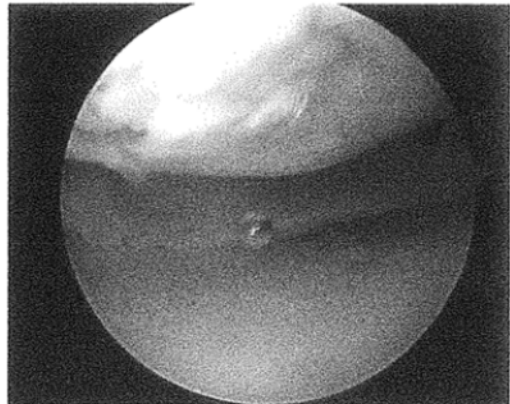
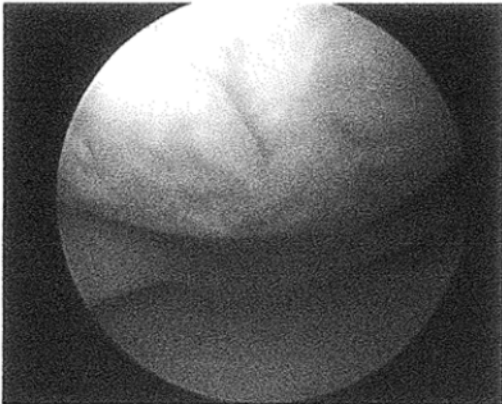
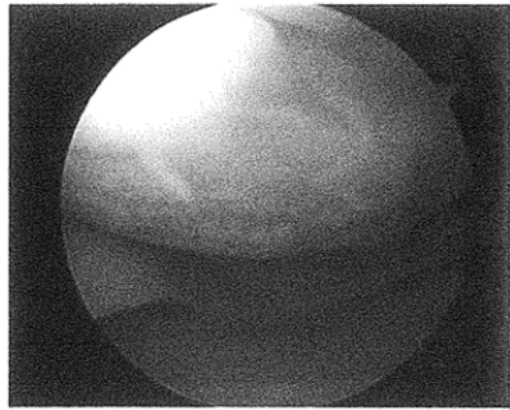
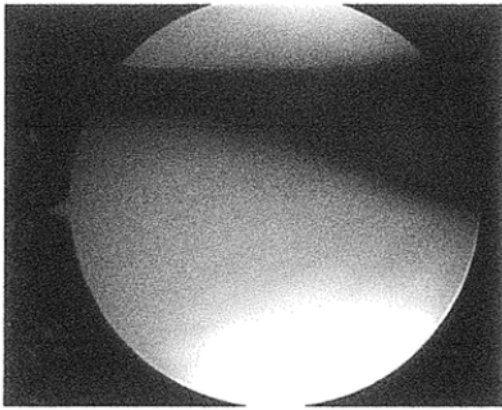
Sincerely,



Michael Crovetto, D.O.



*Before*





*after*

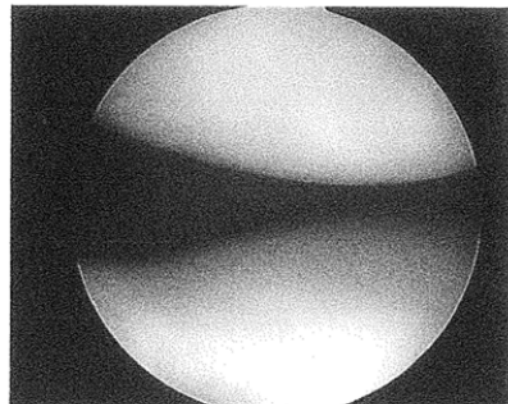
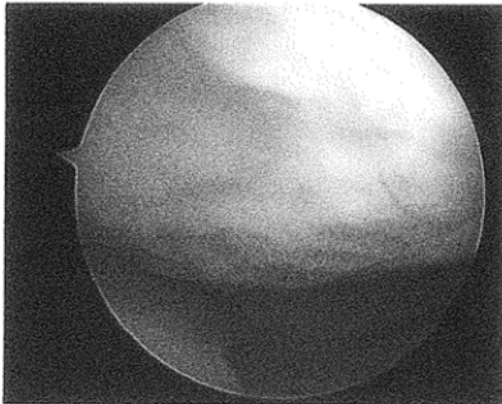
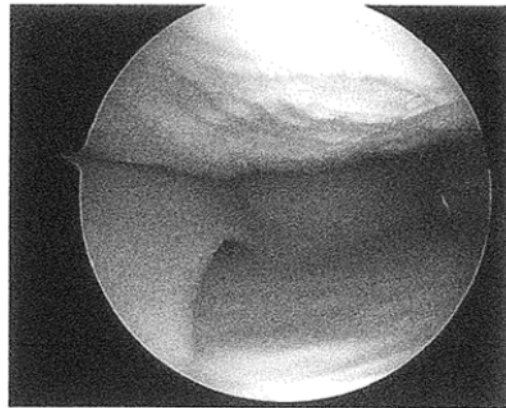
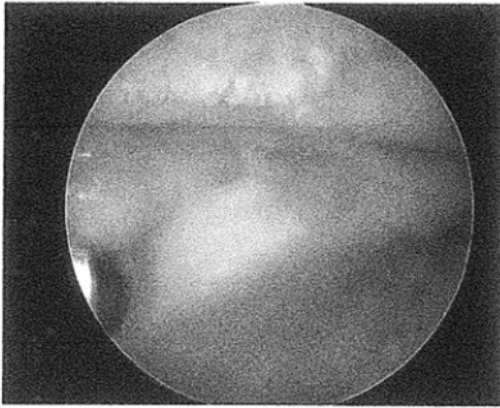


EXHIBIT B

EXHIBIT B



12/16/15

To whom it may concern,

This letter is to inform you that Sherill Banks-Maddox will be having surgery with us on 12/29/15. She has been having an enormous amount of pain in her feet and back which are related to a bunion condition as well as flat feet. The patient will be having bilateral bunionectomies as well as placement of hyprocure implants into both feet. This procedure will leave her wheelchair bound for at least two weeks then she will require some time in Physical Therapy to strengthen her legs again. If you have any questions please feel free to contact us at the Foot Ankle and Hand Center, my Medical Assistant's name is Douglas Foley and he can provide you with any additional information you may need.

Thank you,

Peter Bregman

Foot Ankle and Hand Center  
7135 W. Sahara Avenue  
Las Vegas NV, 89117  
702-878-2455

**FOOT, ANKLE & HAND CENTER OF LAS VEGAS**

(formerly Foot, Ankle & Lower Leg Center)

OUR LOCATIONS: Sahara (Main Office): 7135 W. Sahara Ave, Suite 201, Las Vegas, NV 89117

St. Rose Office: 3175 St. Rose Parkway, Suite #320, Henderson, NV 89052

Office: 702-878-2455 [www.FallCenter.com](http://www.FallCenter.com) Fax: 702-878-4875

EXHIBIT C

EXHIBIT C



Podiatry Specialists:  
Anthony M. Ricciardi, Jr., DPM  
Gary R. Dorfman, DPM  
Peter J. Bregman, DPM

Hand Specialist:  
Kenny E. Hanna, MD

Formerly Foot, Ankle & Lower Leg Center

Date: 12-14-15

To whom it may concern:

SHERILL BANKS is under my care.

- ☐ is excused from Work / School.
- ☐ is released to return to Work / School on \_\_\_\_\_
- ☐ is unable to return to Work / School at this time from \_\_\_\_\_ to \_\_\_\_\_
- ☐ is able / is not able to participate in Physical Education / Team Sports.
- ☐ is scheduled for surgery on \_\_\_\_\_
- ☐ He / She is to be off work approximately \_\_\_\_\_

☒ Restrictions: PATIENT IS HAVING SURGERY ON 12/29/15  
WILL BE IN A WHEELCHAIR FOR 2 WEEKS

THEN WILL BE HAVING ORTHOPEDIC ISSUES FOR  
~ 3-4 MONTHS AFTER WHEN IT MAY BE PAINFUL  
TO STAND FOR LONG PERIODS OF TIME.

☐ Other:

If you have any questions, please feel free to contact our office.

Dr. Anthony M. Ricciardi, Jr.

Dr. Gary R. Dorfman

Dr. Peter Bregman

Dr. Kenny Hanna

Locations to serve you:

7135 W. Sahara Avenue, Suite 201, Las Vegas NV 89117

3175 St. Rose Parkway, Suite 320, Henderson, NV 89052

Phone: (702) 878-2455 [www.fallcenter.com](http://www.fallcenter.com)

Fax: (702) 878-4875

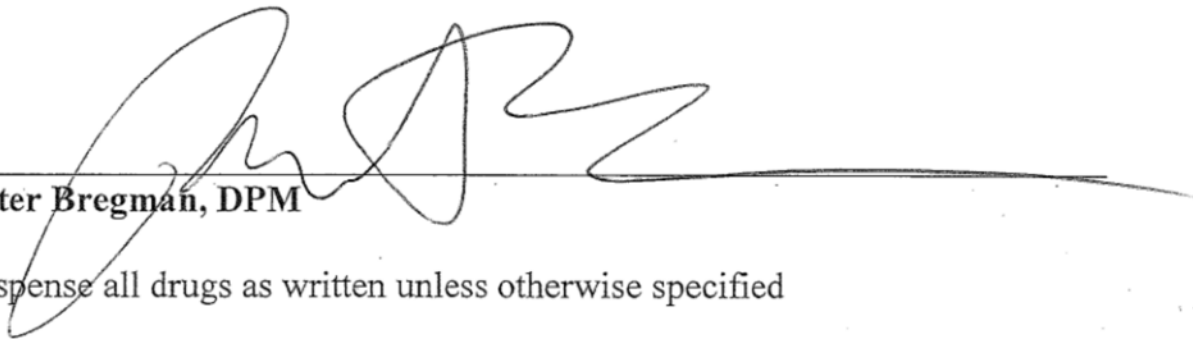


Keep moving with advanced, effective care

**Rx**

Patient: SHERELL BANKS  
DOB: 12/18/68  
Date: 12/14/15

Drug	Amount	Dispense	Sig	Refills	Substitute
PLEASE DISPENSE 1 WHEELCHAIR					
PATIENT IS S/P B/L BUNIONECTOMY					
AND HYPROCURE IMPLANT					

  
Peter Bregman, DPM

Dispense all drugs as written unless otherwise specified

Locations:

7135 West Sahara Avenue, Suite 201, Las Vegas, NV 89117  
3175 St. Rose Parkway, Suite 320, Henderson, NV 89052

Office: 702-878-2455

Fax: 702-878-4875



I SHERILL BANKS - MADDOX understand and agree that I am allowing Dr. Bregman and whomever he chooses to help him perform surgery on me. The reason I am having surgery is to correct or help the following problems:

- A) Bunion BL  
 B) Unstable Talus / Dislocating TibioTalar  
 C) joint  
 D) \_\_\_\_\_

Initial Here SBM

2) The procedure or procedures that Dr. Bregman plans to perform on me on the following date 12/28/15 are the following:

- 1) SCARF Bunionectomy - cutting + removal of  
 2) bone and soft tissue with use of internal fixation  
 3) as needed - b/l  
 4) HYPROCURE BIL placement into Cawley Tarsal BL  
 5) \_\_\_\_\_

Initial Here SBM

3) I understand that during the surgery or as a result of surgery that there are complications that can occur. I also understand that certain risks are associated with my proposed surgery. Some of the most common risks and complications are the following but not all inclusive: INFECTION, SWELLING, PAIN, FAILURE FOR BONE TO HEAL (NON-UNION) or DELAYED UNION, BLOOD CLOTS, PAIN, NERVE DAMAGE, SCARRING OF TISSUES OR SKIN, COMPLEX REGION PAIN SYNDROME, WALKING PROBLEMS, INABILITY TO WEAR CERTAIN SHOES, FALLOUT OF THE NEED FOR MORE SURGERY, LOSS OF CORRECTION, LOSS OF BODY PART, DEATH. Initial Here SBM

4) I am also aware that even though I have been informed that complications can occur though not likely there are other potential risks and complications that could occur that are unforeseen by Dr. Bregman or anyone else involved in the surgery and your care during this time. Dr. Bregman will of course try to avoid any of these problems but you as the patient are responsible for following his instructions which can override anyone else's instructions. It is important that if you do have a problem to please alert Dr. Bregman immediately. Initial Here SBM



5) During the course of your surgery it may become necessary for Dr. Bregman to deviate from the initial surgical plan or perform additional procedures or have another surgeon assist on your case. This is only in the event that he feels it will be in your best interest to give you the best results or to deal with any complications that may arise. He may also be performing a procedure or technique that may be deemed as EXPERIMENTAL by some physicians. This may involve the use of implants or certain new procedures or products. Initial Here SBM

6) Dr. Bregman or anyone he chooses may want to document your surgery not only for your medical records but also for educational purposes. This may involve the use of video or pictures. This will not involve any part of you except for the surgery being performed unless he tells you otherwise. Initial here SBM

7) During the course of your surgery you will be given Anesthesia by the Anesthesia team. There will be a separate consent form for this to be signed at the hospital. Dr. Bregman will be administering local anesthesia as well as ordering other medication for you during and after surgery which may include Antibiotics as well as Pain Medication etc. Initial Here SBM

8) Dr. Bregman is involved in a teaching and sometimes has students or other doctors working with him. They may or may not be present during your surgery. They are there to learn and assist Dr. Bregman in any way he sees fit. Initial Here SBM

9) If I am a smoker I have been made aware by Dr. Bregman that smoking or nicotine substitutes have been proven to be very bad for healing during surgery and can slow or even stop bone healing and cause wound breakdown. If you smoke you must stop at least 2 weeks prior and not smoke until at least 2 months after your surgery. If you cannot quit you need to inform Dr. Bregman so he can cancel your surgery. Initial Here SBM

10) I acknowledge that Dr. Bregman spent at least 15 minutes with me explaining the surgery to me in detail and I had the opportunity to ask him any questions which he answered all of them. I am comfortable moving forward with the surgery and understand the risks and complications of proceeding with surgery and not proceeding with the surgery. Initial Here SBM

Patient Signature: \_\_\_\_\_

Date: 12-14-15

Witness or Parent(Guardian): \_\_\_\_\_

Date: \_\_\_\_\_

Dr. Bregman: \_\_\_\_\_

Date: 12-14-15